TRANSMITTAL FORM *(to be used for all correspondence after initial filing)*	**Application Number**	**10/052,111**
	Filing Date	**January 17, 2002**
	First Named Inventor	**Joseph A. Schrader**
	Group Art Unit	**2623**
	Confirmation Number	**3342**
☐ Sent via Express Mail Label No.:	**Examiner Name**	**Shang, Annan Q.**
	Attorney Docket Number	**164052.04**

ENCLOSURES *(check all that apply)*

☐ Fee Transmittal Form ☐ Fee Attached	☐ Assignment Papers *(for an Application)*	☐ After Allowance Communication to TC

☐ Amendment / Reply (pages)
  ☐ After Final
  ☐ Affidavits/declaration(s)
	☐ Drawing(s) (sheets)	☐ Appeal Communication to Board of Appeals and Interferences

	☐ Declaration
	  ☐ Newly Executed (pages)
	  ☐ A copy from a prior application (37 CFR 1.63(d)) (pages)
		☐ Appeal Communication to TC *(Appeal Notice, Brief, Reply Brief)*

☐ Extension of Time Request		☐ Proprietary Information
☐ Express Abandonment Request	☐ Licensing-related Papers	☐ Status Letter
☒ **Information Disclosure Statement with Forms PTO/SB/08A and 08B (5 pages)**	☐ Petition	☐ Application Data Sheet
☐ Response to Notice to File Missing Parts ☐ A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	☐ Petition to Convert to a Provisional Application	☐ Request for Corrected Filing Receipt ☐ Return Receipt Postcard

CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a))	☐ General Power of Attorney (SB80)
	  ☐ 37 CFR 3.73(b) Statement
		☒ **Other Enclosure(s)** *(please identify below)*:
		  ☒ Copies of (8) references cited in IDS

I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below:	☐ Terminal Disclaimer ☐ Request for Refund	☒ Copy (1) of the related co-pending application ☐
May 3, 2006 Date Signature **Kate Marochkina** Printed Name	☐ CD, Number of CD(s) ___	
	Remarks ☒ The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.	

SIGNATURE OF ATTORNEY OR AGENT

Signature		Reg. No.	**48,958**	
Name of Attorney or Agent	**Carole A. Boelitz**			
Date	5/2/04	Tel.	**(425) 722-6035**	Facsimile No. **(425) 708-5046**
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